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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent to	
Can A. Thomas	
Street and Apt. No., or PO Box No.	
724 School Lane	
City, State, ZIP+4 [®]	
Folcroft, PA 19032	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

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JSDC LAW OFFICES
ATTN: JANENE RIMOLO
11 E. CHOCOLATE AVENUE, STE. 300
HERSHEY, PA 17033

To: _____

Can A. Thomas
724 School Lane
Folcroft, PA 19032

PS Form 3817, April 2007 PSN 7530-02-000-9065

ZIP 17033
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